

**APPLICATION
FOR
ANIMAL FRIENDLY SPAY/NEUTER GRANT**

APPLICANT INFORMATION

1. LEGAL NAME:

2. MAILING Address Information (include mailing address, street, city, county, state, zip code):

☐ Check if address change

3. PAYEE Mailing Address (if different from above):

☐ Check if address change

4. FEDERAL TAX ID NUMBER:

5. TYPE OF ENTITY:

☐ Nonprofit Organization (501(c)3)

☐ Governmental Agency (animal shelter)

6. PROJECT CONTACT PERSON:

Name:

Phone:

Fax:

E-mail:

7. FINANCIAL OFFICER:

Name:

Phone:

Fax:

E-mail:

8. What county(ies) does your spay/neuter program cover?

9. General socioeconomic need (e.g., poverty levels, unemployment, per capita income, occupational data, etc.):

10. What is the population of the county where the organization/agency is located?

11. What is the target population (e.g., low income, indigent, elderly, shelter animals, etc.) intended to be served by the program funded by this grant?

12. How does your organization target low-income dog and cat owners (describe how the applicant defines, ascertains, and verifies that the person is financially challenged):

13. Describe and quantify, to the extent possible, the pet overpopulation problem in your community using your agency's data and any other meaningful estimates.

14. How many dogs and/or cats were spayed/neutered by your organization/agency during the last year? _____

How many spay (female) procedures were performed over the past year by your organization/agency? _____

How many neuter (male) procedures were performed over the past year by your organization/agency? _____

15. Did your organization/agency receive an "Animal Friendly" grant last year? _____

If so, how much was your award? _____

<p>16. Does your organization/agency shelter animals? _____</p>
<p>17. How long has your spay/neuter program been in operation (month and year if possible)?</p>
<p>18. What is the average cost per procedure for the program for which the grant is requested?</p>
<p>19. Describe what community collaborations, if any, exist and how this grant will foster the creation or extension of those collaborations:</p>
<p>20. If grants from other organizations are anticipated, please tell us from whom and how much has been requested or awarded.</p>
<p>21. Designate who will perform spay/neuter surgeries (must be a licensed Tennessee veterinarian) and include veterinarian's current Tennessee license number and premise permit number (premises where spay/neuter surgeries are performed must have a current premises permit issued by the Tennessee Board of Veterinary Medicine):</p>

22. Explain how post-surgical monitoring and care will be managed:

23. How would a grant increase the spay/neuter procedures in your community?

24. **ATTACH** - Organizational structure of the applicant.

Nonprofit entities - please attach a copy of the IRS letter designating your organization as a 501(c) 3 with a current list of officers and directors.

Governmental agencies – please attach a statement of authorization from your local governing agency official (e.g., mayor, county executive, etc.)

25. **ATTACH** - Financial statement (profit/loss summary) covering a recent twelve (12) months of operation (the last calendar or fiscal year, which ever is more recent). Financial information submitted must also include sources of income, expense categories and end of year balance. **(Do not submit a budget statement. A formal audit is not required).** Government agencies must limit their financial statement to the unit specifically designated to provide spay/neuter services (e.g., animal control). Organizations not submitting a financial statement with their application will not be considered for a grant.

Failure to answer ALL questions and provide attachments as requested may result in disqualification of grant proposal.

AMOUNT OF GRANT REQUESTED: _____

Signature of organization/agency representative:

Signature

Title

Date